

OUTPATIENT AUTHORIZATION FORM

Request for additional units. Existing Authorization Units

Standard requests - Determination within 15 calendar days of receiving all necessary information.

Urgent requests - I certify this request is urgent and medically necessary to treat an injury, illness or condition (not life threatening) within 72 hours to avoid complications and unnecessary suffering or severe pain.

* INDICATES REQUIRED FIELD

 X

URGENT REQUESTS MUST BE SIGNED BY THE REQUESTING PHYSICIAN TO RECEIVE PRIORITY.

*Date of Birth

MEMBER INFORMATION

*Member ID Last Name, First (MMDDYYYY)

REQUESTING PROVIDER INFORMATION

*Requesting NPI *Requesting TIN Requesting Provider Contact Name

Requesting Provider Name Phone *Fax

SERVICING PROVIDER / FACILITY INFORMATION

↳ Same as Requesting Provider

*Servicing NPI *Servicing TIN Servicing Provider Contact Name

Servicing Provider/Facility Name Phone Fax

AUTHORIZATION REQUEST

*Primary Procedure Code <small>(CPT/HCPCS)</small>	Additional Procedure Code <small>(CPT/HCPCS)</small>	*Start Date OR Admission Date <small>(MMDDYYYY)</small>	*Diagnosis Code <small>(ICD-10)</small>
Additional Procedure Code <small>(CPT/HCPCS)</small>	Additional Procedure Code <small>(CPT/HCPCS)</small>	End Date OR Discharge Date <small>(MMDDYYYY)</small>	Units/Visits/Days for Primary Procedure Code

*OUTPATIENT SERVICE TYPE

(Enter the Service type number in the boxes)

- 412 Auditory
- 422 Biopharmacy
- 712 Cochlear Implants & Surgery
- 922 Experimental and Investigational Services
- 205 Genetic Testing & Counseling
- 249 Home health
- 390 Hospice Services
- 290 Hyperbaric Oxygen Therapy
- 410 Observation
- 997 Office Visit/Consult
- 202 Pain Management
- 650 Radiation Therapy
- 794 Outpatient Services

Behavioral Health

- 510 BH Medical Management
- 530 BH PHP
- 512 BH Community Based Services
- 515 BH Electroconvulsive Therapy
- 516 BH Intensive Outpatient Therapy
- 518 BH Mental Health /Chemical Dependency Observation
- 519 BH Outpatient Therapy
- 520 BH Professional Fees
- 521 BH Psychological Testing
- 522 BH Psychiatric Evaluation

DME

- 417 Rental
- 120 Purchase (Purchase Price)

Please submit an attached OTR for any ADDITIONAL procedure code needs for service requests outside of this initial procedure code request along with clinical documentation for medical necessity.

ALL REQUIRED FIELDS MUST BE FILLED IN AS INCOMPLETE FORMS WILL BE REJECTED. COPIES OF ALL SUPPORTING CLINICAL INFORMATION ARE REQUIRED. LACK OF CLINICAL INFORMATION MAY RESULT IN DELAYED DETERMINATION.

Disclaimer: An authorization is not a guarantee of payment. Member must be eligible at the time services are rendered. Services must be a covered Health Plan Benefit and medically necessary with prior authorization as per Plan policy and procedures.

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